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**State:** Arkansas **Filing Company:** Trustmark Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** LIFEC/4 et al  
**Project Name/Number:** 2012 LIFEC Filing - Pt. 2/12.00580

## Filing at a Glance

Company: Trustmark Life Insurance Company  
Product Name: LIFEC/4 et al  
State: Arkansas  
TOI: L04G Group Life - Term  
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 09/06/2012  
SERFF Tr Num: TRST-128674827  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 12.00580  
  
Implementation: On Approval  
Date Requested:  
Author(s): Jeri Jacks  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/11/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: 2012 LIFEC Filing - Pt. 2  
Project Number: 12.00580  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer, Trust  
Filing Status Changed: 09/11/2012  
State Status Changed: 09/11/2012  
Created By: Jeri Jacks  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 08/29/2012  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:  
  
Deemer Date:  
Submitted By: Jeri Jacks

### Filing Description:

RE: TRUSTMARK LIFE INSURANCE COMPANY  
FEIN# 36-3421358; NAIC# 276-62863  
GROUP TERM LIFE FILING  
LIFEC INSERT PAGE FORM NOS.: LIFEC/4(R1)  
LIFEC/5(R1)  
LIFEC/6(R1)  
Our File#: 12.00580

Dear Sir or Madam:

Enclosed please find insert pages for use with certificate LIFEC being filed for approval and use in your state. The certificate was approved for use on July 10, 2003 our tracking number 23.02567. Also, on August 1, 2012, your department approved a filing of some insert pages and the pages in this submission should have been included in that filing, but were inadvertently omitted. The SERFF number of that previous filing was TRST-128595328. These forms are new and will not replace any previously approved forms.

The certificate is issued under a master policy issued to a Trust situated in Illinois and will be marketed to small and large employer groups. Life benefits are guaranteed issue up to a maximum amount of \$50,000.

The certificate forms are being submitted in an insert page format. Distinct page numbers have been assigned to portions of the documents in order to facilitate state exceptions and future revisions.

Please note that the conversion product for use with the LIFEC is form IUL.205, previously approved on June 21, 2005.

Bracketed text or numbers are variable and indicate material that may change based on options elected by the group, marketing philosophy, or changes in state law. Variable material will always meet the minimum requirements of law.

The forms are in final printed format as issued from a laser printer. We may, however, use different computer publishing systems. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, page breaks may occur at different lines and line wording may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refileing for such font style variation.

Thank you for your time and effort with regard to this filing. If you have any questions, please contact me at 800-666-6977,

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extension 34205 or at jjacks@trustmarkins.com.

## Company and Contact

### Filing Contact Information

Jeri Jacks, Regulatory Advocacy Analyst    jjacks@trustmarkins.com  
400 Field Drive    800-666-6977 [Phone] 34205 [Ext]  
Lake Forest, IL 60045    847-615-3872 [FAX]

### Filing Company Information

Trustmark Life Insurance Company	CoCode: 62863	State of Domicile: Illinois
400 Field Drive	Group Code: 276	Company Type:
Lake Forest, IL 60045	Group Name:	State ID Number:
(800) 666-6977 ext. [Phone]	FEIN Number: 36-3421358	

## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: The filing fee is \$50 per form. 3 x \$50 = \$150.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Trustmark Life Insurance Company	\$150.00	09/06/2012	62341021

<b>SERFF Tracking #:</b>	TRST-128674827	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	12.00580
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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Trustmark Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium		
<b>Product Name:</b>	LIFEC/4 et al		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/11/2012	09/11/2012

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## Disposition

Disposition Date: 09/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	AD and D Benefit		Yes
Form	Dependents Life Benefit		Yes
Form	Dependent AD and D Benefit		Yes

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## Form Schedule

Lead Form Number: LIFEC/4(R1)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LIFEC/4(R1)	CERA	AD and D Benefit	Initial:		LIFEC 4 R1.pdf
2		LIFEC/5(R1)	CERA	Dependents Life Benefit	Initial:		LIFEC 5 R1.pdf
3		LIFEC/6(R1)	CERA	Dependent AD and D Benefit	Initial:		LIFEC 6 R1.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SECTION

**This Benefit Applies Only If The Schedule of Benefits Shows That You Have Accidental Death And Dismemberment Coverage.**

Trustmark will pay a Benefit in the event of your death, dismemberment or loss of sight due to Injury. You are covered by this Benefit only if you are also covered by the Life Benefit; but, your coverage under this Benefit terminates if your Life Benefit is being extended under the Waiver of Premium provision. The Principal Sum is the same as your Life Benefit.

### A. BENEFIT

Benefits will be paid for any loss listed in the Table of Losses which:

1. results solely from Injury that occurs while your coverage is in force;
2. occurs within [90] days after the Injury; and
3. occurs while your coverage is in force.

With regard to hands and feet, loss means complete severance through or above the wrist or ankle joint. With regard to eyes, loss means the entire and irrecoverable loss of sight.

### TABLE OF LOSSES

Loss of Life .....	The Principal Sum
Loss of Both Hands .....	The Principal Sum
Loss of Both Feet.....	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of One Eye and One Foot .....	The Principal Sum
Loss of One Eye and One Hand.....	The Principal Sum
Loss of Sight of Both Eyes .....	The Principal Sum
Loss of One Hand.....	One-half The Principal Sum
Loss of One Foot .....	One-half The Principal Sum
Loss of Sight of One Eye.....	One-half The Principal Sum

The Table of Losses shows each loss for which a benefit will be paid. The total paid for all injuries from any one accident will not exceed the Principal Sum.

### B. EXCLUSIONS

No benefits are paid for:

1. intentionally self-inflicted Injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. loss resulting from your commission of, or attempt to commit, a felony;
4. loss resulting from your being engaged in an illegal occupation;
5. Injury resulting from travel in any type of aircraft, except as a fare paying passenger in a commercial aircraft;
6. war, or act of war, declared or undeclared;
7. bodily or mental infirmity, disease, any type of hernia, or bacterial infections, except pyogenic infections which occur with and through an accidental cut or wound and infections resulting from accidental ingestion of poisonous food substances;
8. medical or surgical treatment, except surgery performed solely due to, and within [90] days of, a covered Injury.

### C. ASSIGNABILITY

Your Accidental Death and Dismemberment coverage and benefits are assignable.

## DEPENDENTS LIFE BENEFIT SECTION

**This Benefit Applies Only If The Schedule Of Benefits Shows That You Have Dependents Life Coverage.**

Trustmark will pay you a Life Insurance Benefit in the event your Dependent dies while his coverage is in force. Your Dependent may be covered by this Benefit only while you are covered by the Life Benefit. The amount of the Benefit is shown in the Schedule of Benefits.

### A. WAIVER OF PREMIUM

Premiums will be waived for this Benefit while the premium for your Life Benefit is being waived. Any waiver:

1. applies only to those Dependents covered at the time your waiver starts;
2. applies only to those Dependents who continue to be eligible for this Benefit; and
3. is in effect only while this Benefit is in force.

### B. CONVERSION PRIVILEGE

1. A Dependent may convert to an individual life insurance policy if:

- a. your employment for the Participating Employer terminates;
- b. he is no longer your Dependent; or
- c. you die while coverage is in force for the Dependent.

The policy will provide a benefit equal to that provided for the Dependent under this Benefit at the time of conversion, unless he requests a lesser amount.

2. A Dependent may convert if this Benefit or his Insurance Class terminates, or if your employer ceases to be a Participating Employer, but only if you have had continuous Dependent coverage under this Benefit, and any it replaces, for at least five years. The policy will be for the amount in force for the Dependent at termination, reduced by any amount for which he becomes eligible, within [31] days after termination, under any other group life coverage.
3. A Dependent may also convert if his coverage reduces due to a change in Insurance Class. The policy will provide a benefit equal to the amount of the reduction.
4. The policy will be issued as follows.
  - a. It will be any type of life insurance policy, except term insurance or a policy with disability benefits, Trustmark then has available for conversion.
  - b. Evidence of insurability will not be required.
  - c. The policy will take effect at the end of the [31]-day period for conversion.
  - d. The policy shall be in place of all coverage under this Benefit.
5. To convert:
  - a. make written application to Trustmark Life Insurance Company at its Home Office, or to Starmark, within [31] days after the date his coverage ends; and
  - b. pay, within these [31] days, the first premium for the policy.
6. A Dependent has coverage during the [31]-day period for conversion. The amount of this coverage is the amount that can be converted. This amount will be paid as a benefit if the Dependent dies during this [31]-day period, whether or not application for conversion had been made. If application had been made, any premium paid for the conversion policy will be refunded.

### C. ASSIGNABILITY

A Dependent's life coverage and benefits are assignable.



## DEPENDENTS ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SECTION

### **This Benefit Applies Only If The Schedule Of Benefits Shows That You Have Dependents Accidental Death And Dismemberment Coverage.**

Trustmark will pay a Benefit in the event of your Dependent's death, dismemberment or loss of sight due to Injury. A Dependent is covered by this Benefit only if he is also covered by the Dependents Life Benefit; but, his coverage under this Benefit terminates if his Dependents Life Benefit is being extended under the Waiver of Premium provision. The Principal Sum is the same as the Dependents Life Benefit.

#### **A. BENEFIT**

Trustmark will pay benefits for any loss listed in the Table of Losses which:

1. results solely from Injury that occurs while a Dependent's coverage is in force;
2. occurs within [90] days after the Injury causing the loss; and
3. occurs while the Dependent's coverage is in force.

With regard to hands and feet, loss means complete severance through or above the wrist or ankle joint. With regard to eyes, loss means the entire and irrecoverable loss of sight.

#### **TABLE OF LOSSES**

Loss of Life .....	The Principal Sum
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Loss of One Eye and One Foot .....	The Principal Sum
Loss of One Eye and One Hand.....	The Principal Sum
Loss of Sight of Both Eyes .....	The Principal Sum
Loss of One Hand.....	One-half The Principal Sum
Loss of One Foot .....	One-half The Principal Sum
Loss of Sight of One Eye.....	One-half The Principal Sum

The Table of Losses shows each loss for which a benefit will be paid. The total paid for all injuries from any one accident will not exceed the Principal Sum.

#### **B. EXCLUSIONS**

No benefits are paid for:

1. intentionally self-inflicted Injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. loss resulting from the Dependent's commission of, or attempt to commit, a felony;
4. loss resulting from the Dependent being engaged in an illegal occupation;
5. Injury resulting from travel in any type of aircraft, except as a fare paying passenger in a commercial aircraft;
6. war, or act of war, declared or undeclared;
7. bodily or mental infirmity, disease, any type of hernia, or bacterial infections, except pyogenic infections which occur with and through an accidental cut or wound and infections resulting from accidental ingestion of poisonous food substances;
8. medical or surgical treatment, except surgery performed solely due to, and within [90] days of, a covered Injury.

#### **C. ASSIGNABILITY**

A Dependent's Accidental Death and Dismemberment coverage and benefits are assignable.

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Flesch TML.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The applications were previously approved by your Department. The form number is UW2 AR (R8) and it was approved on 5/1/2012; it is used when the form is going to be issued with a fully insured health plan or on a stand alone basis. When the form is issued in conjunction with a self-funded health plan, the application form SL-0601 APP R04-12 is used; it was approved by your Department on 5/9/2012.		

This is to certify the forms shown below comply with the requirements of Arkansas Stat. Ann. Section 23-80-206, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch reading ease score as follows:

<u>Form</u>	<u>Flesch Score</u>
LIFEC	50.2

Sandra  
Przybyszewski

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Digitally signed by Sandra  
Przybyszewski  
DN: cn=Sandra Przybyszewski,  
c=US  
Date: 2012.07.24 14:57:18 -05'00'

Sandra Przybyszewski  
Vice President, Compliance

ARKANSAS